



**HUMAN RESOURCES OFFICE  
TECHNICIAN / AGR ADMINISTRATIVE INSTRUCTION**

Number: 06-37

26 SEP 06

**FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) PROGRAM  
2006 OPEN SEASON  
13 NOVEMBER 2006 – 11 DECEMBER 2006**

**EXPIRES: 11 DECEMBER 2006**

1. Reference: memorandum, Office of Personnel Management (OPM), Benefits Administration Letter #06-403, 7 Sep 06, subject: 2006 Open Season: Federal Employees Health Benefits (FEHB) Program.
2. The 2006 Open Season will be held from **13 November 2006 through 11 December 2006**. There are three separate programs that will participate in this year's Open Season: The Federal Employees Health Benefits Program (FEHB); the Federal Flexible Spending Account Program (FSAFEDS) and the new Federal Employees Dental and Vision Insurance Program (FEDVIP).
3. All 2007 FEHB Guides, health plan brochures, and the 2007 premium rates will be available on the OPM website at [www.opm.gov/insure/health](http://www.opm.gov/insure/health). New enrollments, changes to current enrollments, and changes to premium conversion elections made during open season will become **effective the first day of the first pay period beginning on or after 1 January 2007 (7 January 2007)**. If you change plans and need medical services before the effective date of your open season enrollment, contact your old plan provider. Please remember that, although the new enrollments are not effective until 7 January 2007, the new plan benefits (premiums) are effective 1 January 2007. Between 1 January 2007 and 7 January 2007, your old plan will provide coverage according to the new contract, however, these expenses will count toward your prior year's deductible.
4. Eligible Federal employees who wish to enroll or change their FEHB enrollment must complete a Federal Health Benefits Registration Form, Standard Form (SF) 2809. The SF 2809 is available from the OPM website ([www.opm.gov/insure/health](http://www.opm.gov/insure/health)), your remote designee, or the Human Resources Office (HRO). **The SF 2809 must be received in the Directorate for Human Resources on or before close of business on the last day of the open season (must be date stamped by the Directorate of Human Resources NLT 11 December 2006.)**
5. The new 2007 FEHB premium rates for Health Management Organizations (HMO) are provided as enclosure 1. The new 2007 FEHB premium rates for Fee-for-Service (FFS) plans are provided as enclosure 2.

TAAI 06-37, 26 SEP 2006

SUBJECT: Federal Employees health Benefits (FEHB) program 2006 open season, 13 November 2006 – 11 December 2006

6. The U.S. Office of Personnel Management (OPM) has awarded contracts to insurance carriers that will offer supplemental dental and vision benefits under the new Federal Employees Dental and Vision Insurance Program. Following an extensive review, OPM has selected the Aetna Life Insurance Company, Government Employees Hospital Association, Inc. (GEHA), MetLife Inc., United Concordia Companies, Inc., Group Health, Inc., CompBenefits, and Triple-S, Inc. to offer dental benefits and BlueCross BlueShield Association, Spectera, Inc., and Vision Service Plan (VSP) to offer vision benefits. The program allows employees to use pre-tax dollars to pay for their vision and dental premiums. However, as specified by law, there is no federal government contribution. You may elect to enroll for dental benefits, vision benefits or both, and benefits become effective on December 31, 2006. You may enroll in self only, self plus one or self and family coverage.

7. The 2007 vision insurance rates are provided as enclosure 3.

8. Using the first three numbers of your zip code, find the dental insurance rate number corresponding to rate sheets provided as enclosure 4 for service providers in your area:

Zip Code (XXX##)	Aetna	GEHA Std	GEHA High	Met High	Met Std	United Concordia	Comp Benefits	GHI	Triple-S
900-918	3	4	4	5	5	3	#N/A	#N/A	#N/A
919-921	3	4	4	4	4	4	#N/A	#N/A	#N/A
939-941 943-954	4	5	5	5	5	5	#N/A	#N/A	#N/A
Rest of State	4	4	4	5	5	4	#N/A	#N/A	#N/A
942 956-958	4	4	4	4	4	4	#N/A	#N/A	#N/A

9. Should you have any questions, please do not hesitate to contact Sharon Costello at (916) 854-3158 or DSN 466-3158.

Encl  
as

  
STUART D. EWING  
Captain, CA ANG  
Deputy, Human Resources Officer

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## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2006 Total Biweekly Premium	2007 Biweekly premium rates				2006 Total Monthly Premium	2007 Monthly premium rates				
Plan - Option - Enrollment Code		Total Premium		Gov't Pays	Empl. Pays	Change in empl. payment	Total Premium		Gov't Pays	Empl. Pays	Change in empl. payment		
California	Aetna HealthFund												
	CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31	
	CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33	
	HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57	
	HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86	
California	Aetna Open Access												
	High Self	2X1	120.96	125.84	94.38	31.46	1.22	262.08	272.65	204.49	68.16	2.64	
	High Family	2X2	298.01	310.02	232.52	77.50	3.00	645.69	671.71	503.78	167.93	6.51	
California	Blue Cross- HMO												
	High Self	M51	185.83	203.78	141.92	61.86	15.21	402.63	441.52	307.49	134.03	32.96	
	High Family	M52	476.66	522.70	321.89	200.81	40.23	1032.76	1132.52	697.43	435.09	87.17	
California	Blue Shield of CA Access+HMO												
	High Self	SJ1	167.25	183.14	137.36	45.78	3.97	362.38	396.80	297.60	99.20	8.61	
	High Family	SJ2	414.90	454.31	321.89	132.42	28.70	898.95	984.34	697.43	286.91	62.17	
California	Health Net of California												
	High Self	LB1	171.38	193.77	141.92	51.85	9.01	371.32	419.84	307.49	112.35	19.52	
	High Family	LB2	405.71	448.02	321.89	126.13	24.70	879.04	970.71	697.43	273.28	53.52	
California	Kaiser Foundation Health Plan of California												
	High Self	591	182.83	211.22	141.92	69.30	23.59	396.13	457.64	307.49	150.15	51.12	
	High Family	592	436.44	504.20	321.89	182.31	61.95	945.62	1092.43	697.43	395.00	134.22	
	Standard Self	594	133.56	136.26	102.20	34.06	0.67	289.38	295.23	221.42	73.81	1.47	
	Standard Family	595	318.81	325.28	243.96	81.32	1.62	690.76	704.77	528.58	176.19	3.50	
California	Kaiser Foundation Health Plan of California												
	High Self	621	164.99	181.84	136.38	45.46	4.21	357.48	393.99	295.49	98.50	9.13	
	High Family	622	381.33	420.28	315.21	105.07	9.74	826.22	910.61	682.96	227.65	21.10	
	Standard Self	624	124.43	117.58	88.19	29.39	-1.72	269.60	254.76	191.07	63.69	-3.71	
	Standard Family	625	287.56	271.77	203.83	67.94	-3.95	623.05	588.84	441.63	147.21	-8.55	
California	PacificCare of California												
	High Self	CY1	157.70	165.34	124.01	41.33	1.91	341.68	358.24	268.68	89.56	4.14	
	High Family	CY2	365.85	383.62	287.72	95.90	4.44	792.68	831.18	623.39	207.79	9.62	

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)		2006 Total Biweekly Premium		2007 Biweekly premium rates				2006 Total Monthly Premium		2007 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl payment	
APWU Health Plan													
	High Self	471	188.90	192.11	141.92	50.19	0.47	409.28	416.24	307.49	108.75	1.03	
	High Family	472	427.11	434.37	321.89	112.48	1.45	925.41	941.14	697.43	243.71	3.14	
	CDHP Self	474	163.58	163.58	122.69	40.89	0.00	354.42	354.42	265.82	88.60	0.00	
	CDHP Family	475	368.00	368.00	276.00	92.00	0.00	797.33	797.33	598.00	199.33	0.00	
Blue Cross and Blue Shield Service Benefit Plan													
	Standard Self	104	197.25	199.22	141.92	57.30	-0.77	427.38	431.64	307.49	124.15	-1.67	
	Standard Family	105	451.67	456.19	321.89	134.30	-1.29	978.62	988.41	697.43	290.98	-2.80	
	Basic Self	111	151.98	151.98	113.99	37.99	0.00	329.29	329.29	246.97	82.32	0.00	
	Basic Family	112	355.98	355.98	266.99	88.99	0.00	771.29	771.29	578.47	192.82	0.00	
GEHA Benefit Plan													
	High Self	311	233.58	236.51	141.92	94.59	0.19	506.09	512.44	307.49	204.95	0.42	
	High Family	312	508.38	514.74	321.89	192.85	0.55	1101.49	1115.27	697.43	417.84	1.19	
	Standard Self	314	133.11	133.11	99.83	33.28	0.00	288.41	288.41	216.31	72.10	0.00	
	Standard Family	315	302.49	302.49	226.87	75.62	0.00	655.40	655.40	491.55	163.85	0.00	
GEHA High Deductible Health Plan													
	HDHP Self	341	175.76	175.76	131.82	43.94	0.00	380.81	380.81	285.61	95.20	0.00	
	HDHP Family	342	401.44	401.44	301.08	100.36	0.00	869.79	869.79	652.34	217.45	0.00	
Mail Handlers Benefit Plan													
	High Self	451	296.20	313.98	141.92	172.06	15.04	641.77	680.29	307.49	372.80	32.59	
	High Family	452	624.77	662.25	321.89	340.36	31.67	1353.67	1434.88	697.43	737.45	68.62	
	Standard Self	454	185.05	190.60	141.92	48.68	2.42	400.94	412.97	307.49	105.48	5.25	
	Standard Family	455	413.18	425.58	319.19	106.39	3.10	895.22	922.09	691.57	230.52	6.72	
Mail Handlers Benefit Plan Consumer Option													
	HDHP Self	481	169.03	135.22	101.42	33.80	-8.46	366.23	292.98	219.74	73.24	-18.32	
	HDHP Family	482	383.03	306.42	229.82	76.60	-19.16	829.90	663.91	497.93	165.98	-41.49	
NALC													
	High Self	321	202.28	206.34	141.92	64.42	1.32	438.27	447.07	307.49	139.58	2.87	
	High Family	322	432.22	440.86	321.89	118.97	2.83	936.48	955.20	697.43	257.77	6.13	

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)		2006 Total Biweekly Premium		2007 Biweekly premium rates				2006 Total Monthly Premium		2007 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl Pays	Change in empl. payment			Total Premium	Gov't Pays	Empl Pays	Change in empl payment
Association Benefit Plan													
	High Self	421	199.17	203.15	141.92	61.23	1.24	431.54	440.16	307.49	132.67	2.69	
	High Family	422	458.81	467.99	321.89	146.10	3.37	994.09	1013.98	697.43	316.55	7.30	
Foreign Service Benefit Plan													
	High Self	401	188.86	192.64	141.92	50.72	1.04	409.20	417.39	307.49	109.90	2.26	
	High Family	402	451.09	460.11	321.89	138.22	3.21	977.36	996.91	697.43	299.48	6.96	
Panama Canal Area Benefit Plan													
	High Self	431	167.81	172.85	129.64	43.21	1.26	363.59	374.51	280.88	93.63	2.73	
	High Family	432	350.29	360.80	270.60	90.20	2.63	758.96	781.73	586.30	195.43	5.69	
Rural Carrier Benefit Plan													
	High Self	381	225.65	230.16	141.92	88.24	1.77	488.91	498.68	307.49	191.19	3.84	
	High Family	382	459.11	468.29	321.89	146.40	3.37	994.74	1014.63	697.43	317.20	7.30	
SAMBA													
	High Self	441	233.37	239.20	141.92	97.28	3.09	505.04	516.27	307.49	210.79	6.70	
	High Family	442	549.58	563.32	321.89	241.43	7.93	1190.76	1220.53	697.43	523.10	17.18	
	Standard Self	444	183.64	183.64	137.73	45.91	0.00	397.89	397.89	298.42	99.47	0.00	
	Standard Family	445	419.42	419.42	314.57	104.85	0.00	908.74	908.74	681.56	227.18	0.00	

**2007 Federal Employees Dental and Vision Insurance Program  
(FEDVIP) Vision Premiums**

Plan Name	Gross Biweekly			Gross Monthly		
	Self	Self + 1	Self & Family	Self	Self + 1	Self & Family
BCBS Standard Option	\$3.97	\$7.94	\$11.92	\$8.60	\$17.20	\$25.83
BCBS High Option	\$5.01	\$10.01	\$15.02	\$10.86	\$21.69	\$32.54
Spectera Standard	\$2.63	\$5.13	\$7.64	\$5.70	\$11.12	\$16.55
Spectera High	\$3.41	\$6.65	\$9.91	\$7.39	\$14.41	\$21.47
VSP Standard	\$3.82	\$7.65	\$11.47	\$8.28	\$16.58	\$24.85
VSP High	\$5.40	\$10.81	\$16.21	\$11.70	\$23.42	\$35.12

# 2007 Federal Employees Dental and Vision Insurance Program (FEDVIP) Dental Premiums

## Gross Biweekly

Rating area	Aetna			Rating area	Aetna		
	Self	Self + 1	Self & Family		Self	Self + 1	Self & Family
1	\$12.15	\$24.31	\$36.46	1	\$26.33	\$52.67	\$79.00
2	\$13.36	\$26.72	\$40.09	2	\$28.95	\$57.89	\$86.86
3	\$14.20	\$28.42	\$42.62	3	\$30.77	\$61.58	\$92.34
4	\$15.66	\$31.31	\$46.98	4	\$33.93	\$67.84	\$101.79
5	\$16.99	\$33.97	\$50.96	5	\$36.81	\$73.60	\$110.41

## Gross Monthly

Rating area	GEHA Standard			Rating area	GEHA Standard		
	Self	Self + 1	Self & Family		Self	Self + 1	Self & Family
1	\$9.36	\$18.73	\$28.09	1	\$20.28	\$40.58	\$60.86
2	\$10.26	\$20.51	\$30.77	2	\$22.23	\$44.44	\$66.67
3	\$11.61	\$23.21	\$34.82	3	\$25.16	\$50.29	\$75.44
4	\$12.51	\$25.02	\$37.53	4	\$27.11	\$54.21	\$81.32
5	\$13.86	\$27.72	\$41.58	5	\$30.03	\$60.06	\$90.09

Rating area	GEHA High			Rating area	GEHA High		
	Self	Self + 1	Self & Family		Self	Self + 1	Self & Family
1	\$12.74	\$25.49	\$38.23	1	\$27.60	\$55.23	\$82.83
2	\$13.98	\$27.96	\$41.94	2	\$30.29	\$60.58	\$90.87
3	\$15.83	\$31.66	\$47.48	3	\$34.30	\$68.60	\$102.87
4	\$17.07	\$34.13	\$51.20	4	\$36.99	\$73.95	\$110.93
5	\$18.92	\$37.85	\$56.77	5	\$40.99	\$82.01	\$123.00

Met Life Standard			
Rating area	Self	Self + 1	Self & Family
1	\$7.29	\$14.58	\$21.88
2	\$7.87	\$15.74	\$23.61
3	\$8.69	\$17.39	\$26.08
4	\$9.64	\$19.27	\$28.91
5	\$10.57	\$21.14	\$31.71

Met Life High			
Rating area	Self	Self + 1	Self & Family
1	\$11.97	\$23.94	\$35.91
2	\$13.38	\$26.76	\$40.15
3	\$14.55	\$29.10	\$43.65
4	\$15.73	\$31.45	\$47.18
5	\$17.59	\$35.19	\$52.78

United Concordia			
Rating area	Self	Self + 1	Self & Family
1	\$11.56	\$23.14	\$34.72
2	\$13.25	\$26.50	\$39.75
3	\$14.38	\$28.73	\$43.11
4	\$15.49	\$30.98	\$46.47
5	\$17.18	\$34.34	\$51.50

Comp Benefits			
Rating area	Self	Self + 1	Self & Family
1	\$9.99	\$19.98	\$29.97
2	\$10.25	\$20.49	\$30.74
3	\$10.81	\$21.63	\$32.44
4	\$14.04	\$28.08	\$42.11
5	\$14.79	\$29.58	\$44.37

Met Life Standard			
Rating area	Self	Self + 1	Self & Family
1	\$15.80	\$31.59	\$47.41
2	\$17.05	\$34.10	\$51.16
3	\$18.83	\$37.68	\$56.51
4	\$20.89	\$41.75	\$62.64
5	\$22.90	\$45.80	\$68.71

Met Life High			
Rating area	Self	Self + 1	Self & Family
1	\$25.94	\$51.87	\$77.81
2	\$28.99	\$57.98	\$86.99
3	\$31.53	\$63.05	\$94.58
4	\$34.08	\$68.14	\$102.22
5	\$38.11	\$76.25	\$114.36

United Concordia			
Rating area	Self	Self + 1	Self & Family
1	\$25.09	\$50.14	\$75.23
2	\$28.71	\$57.42	\$86.13
3	\$31.16	\$62.25	\$93.41
4	\$33.56	\$67.12	\$100.69
5	\$37.22	\$74.40	\$111.58

Comp Benefits			
Rating area	Self	Self + 1	Self & Family
1	\$21.65	\$43.29	\$64.94
2	\$22.21	\$44.40	\$66.60
3	\$23.42	\$46.87	\$70.29
4	\$30.42	\$60.84	\$91.24
5	\$32.05	\$64.09	\$96.14



		<b>GHI</b>				
Rating area	<b>Self</b>	<b>Self + 1</b>	<b>Self &amp; Family</b>	Rating area	<b>Self</b>	<b>Self + 1      Self &amp; Family</b>
1	\$16.44	\$32.88	\$49.31	1	\$35.62	\$71.24      \$106.84

		<b>Triple-S</b>				
Rating area	<b>Self</b>	<b>Self + 1</b>	<b>Self &amp; Family</b>	Rating area	<b>Self</b>	<b>Self + 1      Self &amp; Family</b>
1	\$4.14	\$8.28	\$10.93	1	\$8.97	\$17.94      \$23.68